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QUINN LAW GROUP, PLLC 39555 ORCHARD HILL PLACE SUITE # 520				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
NOVI, MI 4837	5		N	Melinda J. Bush (Depositor's name)			
						(Signature)	
			L	•		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/599,686 11/17/2006 Heinrich Selle KAR0118PCTUS 2820 TITLE OF INVENTION: BUSHING AND HINGED JOINT COMPRISING SUCH A BUSHING							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/29/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GUTMAN, HILARY L		3612	296-107010				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE  Wilhelm Karmann GmbH i.l.			e data will appear on the patent. If an assignee is identified below, the document has been filed for				
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-5080 (enclose an extra copy of this form).				
	itus (from status indicated is SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).	
			d from anyone other than t	he applicant; a regi	stered attorney or agent; or t	he assignee or other party in	
Authorized Signature Kun D			Date 3/3/10				
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